

## Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

### Your Personal Details

*This information will be used only for contacting you in relation to this submission*

<b>Title</b>	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
<b>Organisation</b>	Adult Interagency Managers group – Speech Pathology
<b>First Name(s)</b>	Gemma
<b>Surname</b>	Pattison
<b>Contact Details</b>	██

### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

- I do not want my submission published
- I would like my submission to be published but remain anonymous

### Submission Guidance

**You are encouraged to address the following question:**

**In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?**

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

### Submission to Sustainable Health review – Speech Pathology Adult service Professional Leads/Managers

The Adult services Speech Pathology Professional Leads and Managers in Western Australia would like to commend WA Health for undertaking The Sustainable Health Review, which we acknowledge is a significant and considerable endeavour. We appreciate the opportunity to provide feedback on the delivery of patient centred, integrated, high quality and financially sustainable health care across the State. We wish to thank-you in advance for taking the time to consider our feedback.

The contribution of Speech Pathology to the delivery of sustainable health services, some challenges and opportunities are outlined below as they relate to the key themes identified in the Sustainable Health Review. The submission is on behalf of the Speech Pathology Adult Interagency Group and refers solely to Adult Speech Pathology services.

Key theme of the review	Speech Pathology contribution	Current Challenges and Opportunities	Suggestions for change
<b>Quality and value</b>	As a profession with a reduced critical mass we focus on providing high quality specialty service areas to a broad range of services e.g. tracheostomy management, ENT, Acquired Brain Injury)	With the increased focus on providing care ‘closer to home’ there has been a tendency to de-emphasise the need for some highly specialised speech pathology services and associated multidisciplinary specialist support. There is a need to recognise highly specialised care in some diagnoses or complex clinical scenarios and to ensure that staff are sufficiently trained and supported to provide specialist services and care. Providing complex speech pathology services ‘closer to home’ (e.g. complex ENT or Complex voice outpatients) without multidisciplinary team support (from clinical psychologist or ENT surgeons) may lead to reduced clinical outcomes and increased occasions of service.	<ul style="list-style-type: none"> <li>• Coordinated access to staff training in specialised areas</li> <li>• Timely collaboration across sites to meet needs of the patient.</li> </ul>
	Speech Pathology requires a highly skilled and specialist workforce, collaborating as part of a complex interdisciplinary team e.g. tracheostomy management, ENT, voice	The current funding model does not have capacity to capture the complexity and level of service, equipment and resources required to safely discharge complex patients and prevent readmission. Focussing on improved patient care is required.	<ul style="list-style-type: none"> <li>• Developing dedicated Tracheostomy multidisciplinary outreach teams would improve patient flow, support downstream services to provide effective complex care, reduce LOS and readmission rates.</li> </ul>

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	<p>Working within multidisciplinary teams, Speech Pathologists utilise diagnostic assessment such as Fiberoptic Endoscopic Evaluation of Swallowing (FEES), videofluoroscopy (VFS) with a focus on eliminating unnecessary care and targeting interventions for better outcomes.</p> <hr/> <p>Speech Pathology in WA maintains a training schedule to facilitate sharing of knowledge (e.g. interest groups, videoconferencing). A significant amount of professional development is conducted within the staff members' own time.</p>	<p>There needs to be consistent, equitable support for specialist training within disciplines eg. competency development and maintenance of skills to enable appropriate care of complex patients across tertiary, secondary, generalist and rural hospitals.</p> <p>Access to education and professional development is essential for delivery of high quality, high value and evidenced based services. Training opportunities and support to be able to sustainably deliver high quality specialist services are limited in WA. Allied Health are currently (variably) entitled to two paid professional development days per annum and health services generally no longer have budget to fund access to training. A training budget of \$300 per annum per department and 2 days per year pro rata has not increased along with CPI in 10 years. There needs to be equity amongst access to training opportunities across professions.</p>	<ul style="list-style-type: none"> <li>• Funding and support for EBP including resources and training</li> <li>• Increased 'in-house' DoH training opportunities such as rotations/shadowing</li> <li>• Equitable access to AH Education departments</li> <li>• Review allocated Speech Pathology PD budget in proportion with average costs of available external training</li> </ul>
<b>Patient pathways and experience</b>	<p>Speech Pathology rehabilitation in communication disorders has a significant impact on reducing the burden of care / increasing the likelihood of return to work and community participation post morbidity (e.g. stroke) in addition to reduced readmission rates and co morbidities (e.g. depression).</p> <hr/> <p>Speech Pathologists play a vital role in supporting clients with dementia and mental health conditions, which</p>	<p>Need for investment in increased community rehabilitation and stronger links and pathways with hospital inpatient services. Establishing links across all levels of patient journey from ED to acute care to rehabilitation, discharge home and community services and networks will support patients with communication disorders to remain at home.</p> <p>Currently there is limited funding for Speech Pathology positions within inpatient and community mental health services across WA. This greatly limits the early work that</p>	<ul style="list-style-type: none"> <li>• Establish strong collaborative links across all levels of patient journey from ED to acute care to rehabilitation, discharge home and community services and networks</li> <li>• 'Early intervention and preventative/maintenance' model which facilitates acute to community care</li> </ul>

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	contributes to decreased length of stay (LOS) and fewer repeat admissions.	can be done with clients with dementia and a range of mental health conditions, particularly those living in the community to potentially avoid hospital admission. Of concern, a large MH hospital in WA is without dedicated SP FTE and must call on a locum SP on an as needs' basis. This significantly restricts the service capabilities and is a reactive rather than a preventative model of patient care.	services for patients (at diagnosis) for neurodegenerative and mental health conditions.
	Speech Pathologists support the Disability Access and Inclusion Plan as excellent patient advocates and give voice to some of the most marginalised for example ATSI, ESL, those with poor health literacy, patients with disability. Communication access is shown to be crucial to patient experience and outcomes.	Reduced staffing levels and an organisational focus on patient throughput and acute services as opposed to patient journey and outcome (e.g. focus on dysphagia management as a priority over intervention for communication impairment) has lead to reduced ability to support the Disability Access and Inclusion Plan. Current staffing and levels of experience require improvement in order to address these issues.	<ul style="list-style-type: none"> <li>Activity measures changed to include outcome focus (patient and clinical including preventative) rather than only 'service events'.</li> </ul>
	Speech Pathologists across sites work diligently towards seamless handover and transfer of patients throughout their treatment journey in and between health sites, taking into consideration various admission criteria, catchment areas and service capabilities of each site.	<ol style="list-style-type: none"> <li>Complex and varying criteria in and between health services causes discharge delays and confusion. There is need to focus on developing seamless services between hospital sites.</li> <li>Addressing waitlists e.g. 18 months wait for a specialist opinion from Tertiary sites to inform therapy at General Hospital.</li> <li>Consistency and transparency regarding outpatient eligibility criteria is required: <ol style="list-style-type: none"> <li>Within hospitals (e.g Physio different to Speech Pathology),</li> <li>Across hospitals (e.g. some hospitals will accept private medical/ GP referrals some won't); -for</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>Agreement across DoH and Health Service Boards regarding eligibility criteria for outpatient services.</li> </ul>

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		<p>postcode boundaries;</p> <p>c) Across organisations e.g. NDIS vs DoH, DVA gold, funded nursing homes, private health, public/private organisations;</p> <p>d) Chronic vs acute conditions; level of complexity for e.g. Tertiary vs Specialist vs General Hospital outpatient clinics and the support services and consumables provided within the same hospital.</p> <p>e) Across and between public/private and joint service providers.</p>	
<p><b>Prevention, promotion and partnerships</b></p>	<p>Speech Pathologists focus on collaboration with external agencies, NGOs, and community based services to reduce LOS and waitlists as an integral part of providing seamless patient service.</p>	<ol style="list-style-type: none"> <li>1. Collaborative partnerships require further development and stronger external agency links.</li> <li>2. Right patient right person right time - waitlists for specialist services are a significant problem due to dependence on medical specialist outpatient appointments e.g. ENT/ H&amp;N</li> <li>3. There is a lack of suitable and timely access to appropriate services based in the community that do not require hospital-based intervention. Stronger links to community services and NGOs requires streamlining through collaboration and accessibility.</li> </ol>	<ul style="list-style-type: none"> <li>• Development and/or partnership with Speech Pathology services in community settings such as via Health Pathways/360 clinics, home visiting service (especially for palliative care), nursing home services, including non-metro sites.</li> </ul>
<p><b>Workforce and Culture</b></p>	<p>Support training and development needs of Speech Pathology and other health professional staff in secondary and regional hospitals e.g. provide WACHS staff access to skills exchange and specialist consultation to support care of patients with complex conditions</p>	<p>Outreach/telehealth support from specialised to less experienced services is not supported in the current funding model as a client service can only be attributed to one non-admitted outpatient clinic registered in an approved PAS. This makes it more challenging to assist WACHS staff with transfer, management and maintenance of complex patients closer to home</p>	<ul style="list-style-type: none"> <li>• Appropriate funding and training pathways.</li> <li>• Patients require access to telehealth facilities, greater education and accessibility within sites.</li> </ul>

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	closer to home.		
	Speech Pathology supports the ongoing development and sustainability of the profession across WA Health sites through supporting student supervision incorporated within current clinical resources.	Student supervision is labour intensive placing a significant demand on current health services. A coordinated approach to funding vital student placements is required to develop our future workforce and ensure sustainability of the profession. Some allied health professions fund supervisors, however this is inconsistent across professions.	<ul style="list-style-type: none"> <li>Develop a consistent funded model for clinical placements and student supervision in collaboration with universities.</li> </ul>
	Speech Pathology focusses on university partnerships to participate in research opportunities. These collaborations allow clinical research and clinical care crossover. In supporting student placements and research these ties continue to strengthen.	<ol style="list-style-type: none"> <li>There is a need to develop a culture of research in health organisations, especially translational research. This needs leadership and people with relevant experience to support clinicians to choose interventions wisely, to get valuable outcomes and translate current evidence into practice.</li> <li>Clinical/non-clinical allocations in our current system mitigates against engagement in research and quality improvement activities.</li> </ol>	<ul style="list-style-type: none"> <li>Develop a funded model to ensure collaboration with Universities to ensure clinically relevant outcomes.</li> <li>Dedicate protected allied health research FTE within clinician/ researcher model to provide EBP to inform clinical practice and innovation</li> </ul>
	Speech Pathologists work within flat structures across health sites with limited opportunity for career progression but have highly valued skills to contribute in senior clinical and non-clinical leadership roles.	Effective leadership is crucial to the culture and success of our healthcare services. We have had a lack of stable leadership in WA Health, with changes at the top that trickle down to every other level, so frequently that there is a lack of accountability for decision making and strategic service delivery.	<ul style="list-style-type: none"> <li>Provide an DOH structure (within and across sites) that ensures effective communication from every department/profession is represented at executive level.</li> <li>Ensure any structural changes enhance opportunities for career progression across allied health professions to maintain great clinicians and leaders in WA Health.</li> </ul>
<b>Digital, Innovation &amp;</b>	Speech Pathologists focus on utilising evidence-based intervention and	The labour intensive process required to obtain ethics approvals for research is a significant limiting factor for	<ul style="list-style-type: none"> <li>Introduction of an 'opt-out' clause on relevant clinical ward areas stipulating</li> </ul>

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<b>Research</b>	assessment and are committed to developing the evidence base in our relatively young field of practice.	clinicians in WA to be involved in translational research and further the evidence base for our interventions. A change in current ethics process to exclude service evaluation will enable collection of data without formal consent processes being required and the ability to use such de-identified data for research projects.	that clinical data is collected and may be used for research and subsequent publication.
	Speech Pathology practice has expanded to utilise technology such as telerehabilitation, ipads and android across all areas of service.	Embedding existing technologies in practice to deliver best care to patients is a challenge due to a lack of equity in access to technologies across sites. Consistency across sites and services is ad hoc in purchasing, utilising and updating electronic equipment. There is inconsistency and difficulty accessing reliable wifi, essential to the efficient and effective use of technologies.	<ul style="list-style-type: none"> <li>Consider wifi and use of technology (for therapeutic and administrative purposes) as 'business as usual'. And therefore include in budget allowance.</li> </ul>
	Speech Pathology practice focusses on timely use of resources ensuring a focus on patient care and safety.	Lack of digital electronic records across health should be a priority to facilitate efficient use of staff time and increase patient safety and continuity of care (e.g. one health institution can have x4 medical records for one patient stored at various campuses)	<ul style="list-style-type: none"> <li>Electronic records available across DoH +/- GP.</li> </ul>
<b>Financial sustainability and Innovation</b>	Speech Pathologists work interprofessionally with other specialties such as ENT. This collaborative approach provides opportunities for advanced scope of practise, delivery of timely patient care, facilitating early diagnosis and preventing disease progression and reducing specialty waitlists.	Funding and support for Advanced Scope SP and Allied Health "replacement services" such as Fiberoptic Endoscopic Evaluation of Swallowing clinics would reduce wait lists and allow sustainable development of specialist advanced skills to deliver better patient outcomes. This would deliver cost savings to the system by having the right specialist consultation at the right time for the right patient and reduce number of review/ follow-up appointments.	<ul style="list-style-type: none"> <li>Interprofessional approach to care with prioritised access to specialist advice for 'active patients'.</li> </ul>
	Most Speech Pathology departments absorb administration/non clinical tasks within clinical FTE in order to run	Centralised, coordinated and consistent advice from HSS/HR, administrative and IT systems, policies, process and mandatory requirements within metro Health sites	<ul style="list-style-type: none"> <li>Ensuring policies/procedures consistent across DoH. Increased stability within departments</li> </ul>

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	services.	would reduce administrative and non-clinical time spent and avoid unnecessary duplication e.g. for staff working across sites or transferring between sites. Agreement of transferrable skills/training would significantly reduce administrative time which detracts from clinically related duties.	<ul style="list-style-type: none"> <li>• Administrative support to Speech Pathology departments.</li> <li>• Agreement of transferrable skills, such as mandatory training, PEHA information etc.</li> </ul>